POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM

	PTO/SB/81 (01-06) MODIFIE
Application Number:	10/599,588
Filing Date:	October 2, 2006
First Named Inventor:	Karl Gunnar BJURSELL
Art Unit:	1641
Examiner Name:	Unknown
Attorney Dookst Numbers	EDCI-013116

CORRESPONDENCE ADDRESS INDICATION FORM		Art Unit:		1641		
		Examiner Name	e:	Unkno	own	
			y Docket Number: EPCL:013US			
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power o	f Attorney is submitted herewith.					
OR						
☑ I hereby appoint the practitioners associated with the Customer Number:  32425						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recogniz	ze or change the correspondence ad	dress for the abo	ve-identified	application t	to:	
OR 🖂	The address associated with Custo	omer Number:	32425			
Firm or						
Individual Name						
Address						
City			State		Zip	
Country						
elephone			Email	T		
I am the:						
Applicant/l	Inventor.					
	f record of the entire interest. See under 37 CFR 3.73(b) is enclosed.		96)			
	SIGNATURE OF APPLI	CANT OR ASSIC	NEE OF RE	CORD		
ignature	K- M	4				
lame	GUNNAR BJU	RSEL				
itle and Company	FROT. GOTHEN BURG	VN.V.	Telephone	+46	706993745	
ate	20080819					
ultiple forms if more	f all the inventors or assignees of rece than one signature is required, see be	ord of the entire in elow*.	nterest or their	representativ	ve(s) are required. Submit	
] *m16	forms are submitted					

## POWER OF ATTORNEY AND

	PTO/SB/81 (01-06) MODIFIED
Application Number:	10/599,588
Filing Date:	October 2, 2006
First Named Inventor:	Karl Gunnar BJURSELL
Art Unit:	1641
Examiner Name:	Unknown
Attorney Docket Number:	EPCL:013US

	ONDENCE ADDRESS	Art Unit:		1641		
INDIC	CATION FORM	Examiner Name:		Unknown		
		Attorney Docket	Yumber:	EPCL:013U	JS	
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of	Attorney is submitted herewith.					
OR					_	
I hereby appo	oint the practitioners associated w	rith the Customer N	lumber:	32425		
	ey(s) or agent(s) to prosecute the attent and Trademark Office connections.		ed above, an	nd to transact all	business in	the
Please recognize	or change the correspondence ad	dress for the above	⊱identified a	application to:	_	
OR 🖂 🗆	The address associated with Custo	omer Number:	32425			
Firm or						
Individual Name						
Address						
ity			State		Zip	
Country						
elephone			Email			
I am the:		-				
Applicant/In	ventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE OF APPLI	CANT OR ASSIGN	IEE OF REC	CORD		
ignature	Crest 10-					
ame	Jeanette Nilsso	·~				
itle and Company	Or. Gothenburg W	niv.	Telephone	+46317	-86 38	79
ate	20086820					
OTE: Signatures of nultiple forms if more	all the inventors or assignees of rec than one signature is required, see be	ord of the entire int	erest or their	representative(s)	are required	I. Submit
*Total of	forms are submitted					

## POWER OF ATTORNEY

	PTO/SB/81 (01-06) MODIFIE
Application Number:	10/599,588
Filing Date:	October 2, 2006
First Named Inventor:	Karl Gunnar BJURSELL
Art Unit:	1641
Examiner Name:	Unknown
Attorney Docket Number:	EPCL:013US

AND	First Named Inventor:			Karl Gunnar BJURSELL			
CORRESPONDENCE ADDRESS	Art Unit:			1641			
INDICATION FORM	Examiner Name:			Unknown			
	Attorney Docket Number: EPCL:013US						
I hereby revoke all previous powers of attor	rney given in tl	ie above-i	dentif	fied appli	cation.		
A Power of Attorney is submitted herewith.							
OR							
I hereby appoint the practitioners associated w	rith the Customer	Number:	324	25			
as my/our attorney(s) or agent(s) to prosecute the United States Patent and Trademark Office conne		fied above,	and to	transact a	II busine	ess in the	
Please recognize or change the correspondence ad	dress for the abo	ve-identifie	d appli	ication to:			
The address associated with Custo	omer Number:	32425					
Firm or Individual Name							
Address			-				
City		State			Zip		
Country							
l'elephone		Email					
I am the:							
Applicant/Inventor.							
Assignce of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE OF APPLI	CANT OR ASSI	NEE OF F	ECOR	RD.			
Signature ANTHUAL	,						
Signature PANUWALL Name Sara Ellmark							
Title and Company		Telephone	. 7	<b>46</b> -31	- 412	032	
Date 18 Sep 2008			$\perp$				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

65180793.1